

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>STATE STREET S&P 500(R) INDEX SECURITIES LENDING SERIES FUND CLASS II</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>078</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u></p> <p><u>ATTN- ANDREW ZNACZKO</u></p> <p><u>CHANNEL CENTER</u> <u>ONE IRON STREET</u> <u>BOSTON, MA 02210</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>04-0025081</u></p> <p>2c Plan Sponsor's telephone number <u>617-664-4051</u></p> <p>2d Business code (see instructions)</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/29/2025</u>	<u>ANDREW ZNACZKO</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor STATE STREET GLOBAL ADVISORS TRUST COMPANY ATTN- ANDREW ZNACZKO CHANNEL CENTER ONE IRON STREET BOSTON, MA 02210	3b Administrator's EIN 81-4017137
	3c Administrator's telephone number 617-664-4051

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5		
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)		
a(2) Total number of active participants at the end of the plan year	6a(2)		
b Retired or separated participants receiving benefits.....	6b		
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>STATE STREET S&P 500(R) INDEX SECURITIES LENDING SERIES FUND CLASS II</u>	B Three-digit plan number (PN)	<u>078</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>04-0025081</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AARP EMPLOYEES 401K PLAN	
b	Name of plan sponsor	AARP	c EIN-PN 95-1985500-002
a	Plan name	ABBVIE SAVINGS PLAN TRUST	
b	Name of plan sponsor	ABBVIE, INC.	c EIN-PN 46-1553542-001
a	Plan name	LEGACY ALLERGAN RETIREMENT SAVINGS 401K PLAN FOR LEGACY ALLERGAN PR EMPLOYEES	
b	Name of plan sponsor	ABBVIE, INC.	c EIN-PN 32-0375147-001
a	Plan name	ABBVIE PUERTO RICO SAVINGS PLAN TRUST	
b	Name of plan sponsor	ABBVIE, LTD.	c EIN-PN 66-0529265-001
a	Plan name	ACTIVISION BLIZZARD 401K PLAN	
b	Name of plan sponsor	ACTIVISION BLIZZARD, INC.	c EIN-PN 94-2606438-001
a	Plan name	ADP, INC.	
b	Name of plan sponsor	ADP, INC.	c EIN-PN 22-1467904-001
a	Plan name	AETHON ENERGY OPERATING LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AETHON ENERGY OPERATING LLC	c EIN-PN 47-1238081-001
a	Plan name	BENEFIT TRUST COMPANY FBO AKIN GUMP STRAUSS HAUER & FELD LLP MASTER TRUST	
b	Name of plan sponsor	AKIN GUMP STRAUSS HAUER & FELD LLP	c EIN-PN 75-1338644-006
a	Plan name	ALLIANT ENERGY CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	ALLIANT ENERGY CORPORATE SERVICES, INC.	c EIN-PN 39-1914946-005
a	Plan name	AMPHENOL AFFILIATED COMPANIES EMPLOYEE SAVINGS 401K PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-001
a	Plan name	AMPHENOL CORPORATION EMPLOYEE SAVINGS/401K PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-001
a	Plan name	AMPHENOL EMPLOYEE DEFERRAL SAVINGS 401K PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 22-2785165-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMPHENOL THERMOMETRICS, INC. EMPLOYEE SAVINGS/401K PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 25-0590780-001
a	Plan name	TIMES MICROWAVE SYSTEMS UNION 401K PLAN	
b	Name of plan sponsor	AMPHENOL CORPORATION	c EIN-PN 01-0816035-001
a	Plan name	AON POOLED EMPLOYER PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 22-2232264-001
a	Plan name	ASTELLAS US RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 73-1726638-001
a	Plan name	BEN E. KEITH COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 75-1517849-001
a	Plan name	CONTINENTAL MILLS, INC. 401K RETIREMENT SAVINGS PLAN TRUST	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 91-0186630-001
a	Plan name	DEUTSCHE BANK MATCHED SAVINGS PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 13-3645372-001
a	Plan name	NFI GROUP 401K PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 98-0468607-001
a	Plan name	NFI GROUP 401K PLAN - MCI PEMBINA UNION PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 98-0468607-001
a	Plan name	NFI GROUP 401K PLAN - NF ST. CLOUD & CROOKSTON UNION PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 98-0468607-001
a	Plan name	OCEAN BANK 401K SAVINGS PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 59-2247280-001
a	Plan name	ONEMAIN 401K PLAN	
b	Name of plan sponsor	AON CONSULTING, INC.	c EIN-PN 46-1095755-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SAVINGS PLAN FOR TRANSCONTINENTAL US LLC AND CERTAIN OF ITS AFFILIATES	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 76-0678895-001
a	Plan name SCHINDLER ELEVATOR CORPORATION PUERTO RICO SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 34-1270056-001
a	Plan name SCHINDLER ELEVATOR CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 34-1270056-001
a	Plan name SCHNEIDER ELECTRIC 401K PLAN	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 36-4141566-001
a	Plan name SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' RETIREMENT SAVING	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 36-2440683-001
a	Plan name TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 22-1734359-001
a	Plan name TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN PUERTO RICO	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 22-1734359-001
a	Plan name UNITED LAUNCH ALLIANCE 401K SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor AON CONSULTING, INC.	c EIN-PN 81-0673845-001
a	Plan name ARCADIS U.S., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARCADIS U.S., INC.	c EIN-PN 57-0373224-001
a	Plan name ARCHER RETIREMENT PLAN	
b	Name of plan sponsor ARCHER	c EIN-PN 88-3906788-001
a	Plan name ARKA GROUP, L.P. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARKA GROUP, L.P.	c EIN-PN 85-1183914-001
a	Plan name ASCENSUS, LLC	
b	Name of plan sponsor ASCENSUS	c EIN-PN 11-3665754-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASCENSUS, LLC	
b	Name of plan sponsor	ASCENSUS	c EIN-PN 11-3665754-001
a	Plan name	BENDIX COMMERCIAL VEHICLE SYSTEMS LLC SAVINGS PLAN	
b	Name of plan sponsor	BENDIX / NEW YORK AIR BRAKE LLC	c EIN-PN 26-3792367-001
a	Plan name	KNORR BRAKE 401K RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	BENDIX / NEW YORK AIR BRAKE LLC	c EIN-PN 16-1385584-001
a	Plan name	BEST BUY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEST BUY	c EIN-PN 90-0149191-001
a	Plan name	BETH-ISRAEL DEACONESS MEDICAL CENTER 401K SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BETH ISRAEL LAHEY HEALTH, INC.	c EIN-PN 04-2103881-001
a	Plan name	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND	c EIN-PN 05-0158952-002
a	Plan name	BMC SOFTWARE, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BMC SOFTWARE, INC.	c EIN-PN 74-2126120-001
a	Plan name	BOISE CASCADE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	BOISE CASCADE SAVINGS PLANS MASTER TRUST	c EIN-PN 20-1496201-002
a	Plan name	CAREPATHRX 401K PLAN	
b	Name of plan sponsor	CAREPATHRX MIDCO INC.	c EIN-PN 84-3548586-001
a	Plan name	CENCORA EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	CENCORA, INC.	c EIN-PN 23-3079390-001
a	Plan name	CHARLES SCHWAB TRUST BANK	
b	Name of plan sponsor	CHARLES SCHWAB TRUST BANK	c EIN-PN 81-0625170-004
a	Plan name	CHARTER COMMUNICATIONS INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	CHARTER COMMUNICATIONS	c EIN-PN 84-1496755-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CLEARWATER PAPER 401K PLAN	
b	Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-001
a	Plan name CLEARWATER PAPER REPRESENTED 401K PLAN	
b	Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-001
a	Plan name COEUR MINING DEFINED CONTRIBUTION AND 401K PLAN	
b	Name of plan sponsor COEUR MINING	c EIN-PN 82-0109423-001
a	Plan name COLGATE - PALMOLIVE SAVINGS & INVESTMENT PLANS MASTER TRUST	
b	Name of plan sponsor COLGATE-PALMOLIVE	c EIN-PN 26-3205775-001
a	Plan name ARROW ELECTRONICS SAVINGS PLAN	
b	Name of plan sponsor COOK STREET CONSULTING - DELEGATED	c EIN-PN 11-1806155-006
a	Plan name DISCOVER FINANCIAL SERVICES 401K PLAN	
b	Name of plan sponsor DISCOVER FINANCIAL SERVICES	c EIN-PN 46-4664502-001
a	Plan name DOOSAN INFRACORE INTERNATIONAL, INC. MASTER TRUST	
b	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA	c EIN-PN 26-3077746-001
a	Plan name EBAY INC. 401K SAVINGS PLAN	
b	Name of plan sponsor EBAY INC.	c EIN-PN 77-0430924-001
a	Plan name EL PASO ELECTRIC COMPANY SAVINGS PLAN	
b	Name of plan sponsor EL PASO ELECTRIC COMPANY	c EIN-PN 74-0607870-001
a	Plan name STATE OF RHODE ISLAND 457B DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EMPLOYEES RETIREMENT SYSTEM OF RHODE ISLAND	c EIN-PN 05-6000522-001
a	Plan name MRC GLOBAL RETIREMENT PLAN	
b	Name of plan sponsor MCJUNKIN RED MAN	c EIN-PN 55-0229830-001
a	Plan name STEEL TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEEL TECHNOLOGIES INC.	c EIN-PN 61-0712014-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FEDERAL DEPOSIT INSURANCE CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	FEDERAL DEPOSIT INSURANCE CORPORATION	c EIN-PN 53-0185558-001
a	Plan name	FEDERAL HOME LOAN BANK OF PITTSBURGH	
b	Name of plan sponsor	FEDERAL HOME LOAN BANK OF PITTSBURGH	c EIN-PN 25-6001324-001
a	Plan name	FIDELITY NATIONAL INFORMATION SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FIS GLOBAL	c EIN-PN 37-1490331-001
a	Plan name	FLOWSERVE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLOWSERVE CORPORATION	c EIN-PN 31-0267900-008
a	Plan name	GARMIN INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GARMIN INTERNATIONAL	c EIN-PN 48-1088407-001
a	Plan name	GENESYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENESYS	c EIN-PN 94-3120525-001
a	Plan name	GREEN MOUNTAIN POWER CORPORATION EMPLOYEE SAVINGS AND INVESTMENT PLAN AND TRUST	
b	Name of plan sponsor	GREEN MOUNTAIN POWER CORPORATION	c EIN-PN 03-0127430-001
a	Plan name	H-E-B SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	H.E.B.	c EIN-PN 74-0537175-001
a	Plan name	HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	HARRIS TEETER SUPERMARKETS, INC.	c EIN-PN 56-0905940-003
a	Plan name	HEXAGON EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEXAGON FKA INTERGRAPH CORPORATION	c EIN-PN 63-0573222-001
a	Plan name	HILLENBRAND, INC. SAVINGS PLAN	
b	Name of plan sponsor	HILLENBRAND	c EIN-PN 26-1342272-001
a	Plan name	PROCESS EQUIPMENT GROUP 401K SAVINGS PLAN	
b	Name of plan sponsor	HILLENBRAND	c EIN-PN 26-1342272-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOWMET AEROSPACE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	HOWMET AEROSPACE	c EIN-PN 25-0317820-003
a	Plan name	HUNTINGTON INGALLS INDUSTRIES, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	HUNTINGTON INGALLS INDUSTRIES	c EIN-PN 27-7028217-001
a	Plan name	HYATT CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HYATT CORPORATION	c EIN-PN 94-1649123-001
a	Plan name	THE STATE OF INDIANA PUBLIC EMPLOYEE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	INDIANA STATE DEFERRED COMPENSATION FUND	c EIN-PN 35-2062414-001
a	Plan name	INTERNATIONAL FLAVORS & FRAGRANCES INC. PENSION PLAN	
b	Name of plan sponsor	INTERNATIONAL FLAVORS & FRAGRANCES, INC.	c EIN-PN 13-1432060-001
a	Plan name	NUTRITION & BIOSCIENCES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL FLAVORS & FRAGRANCES, INC.	c EIN-PN 85-3324939-001
a	Plan name	RETIREMENT INVESTMENT FUND PLAN/JACKSONVILLE UNION EMPLOYEES	
b	Name of plan sponsor	INTERNATIONAL FLAVORS & FRAGRANCES, INC.	c EIN-PN 13-1432060-001
a	Plan name	INTERNATIONAL PAPER COMPANY DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	INTERNATIONAL PAPER COMPANY	c EIN-PN 62-1528016-001
a	Plan name	INTUIT INC. 401K PLAN	
b	Name of plan sponsor	INTUIT	c EIN-PN 77-0034661-001
a	Plan name	ELDORADO RESORTS, INC. 401K PLAN	
b	Name of plan sponsor	ISLE OF CAPRI CASINOS	c EIN-PN 46-3657681-001
a	Plan name	ITT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ITT	c EIN-PN 34-1990908-001
a	Plan name	MICRO-MODE PRODUCTS, INC. 401K PLAN	
b	Name of plan sponsor	ITT	c EIN-PN 95-2679867-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HYATT CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KAWAIOLOA DEVELOPMENT LLP	c EIN-PN 99-0313071-001
a	Plan name	KENVUE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	KENVUE EMPLOYEE BENEFITS COMMITTEE	c EIN-PN 92-0769133-001
a	Plan name	KENVUE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	KENVUE EMPLOYEE BENEFITS COMMITTEE	c EIN-PN 92-0769133-001
a	Plan name	PETER KIEWIT SONS', INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KIEWIT CORPORATION	c EIN-PN 91-1842817-003
a	Plan name	KOHL'S DEPARTMENT STORES, INC. SAVINGS PLAN AND KOHL'S CORPORATION ESOP MASTER T	
b	Name of plan sponsor	KOHL'S CORPORATION	c EIN-PN 46-2592829-001
a	Plan name	KOMATSU AMERICA CORP SAVINGS PLAN	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 94-1715128-001
a	Plan name	KOMATSU AMERICA CORP. 401K DEFERRED SAVINGS PLAN FOR UNION HOURLY EMPLOYEES, P	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 94-1715128-001
a	Plan name	KOMATSU AMERICA CORP. TARGET BENEFIT/ DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 94-1715128-001
a	Plan name	KOMATSU MINING CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 39-1566457-001
a	Plan name	KRAFT HEINZ DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	KRAFT HEINZ COMPANY	c EIN-PN 25-0542520-001
a	Plan name	SAVINGS PLUS PLAN, LAM RESEARCH 401K	
b	Name of plan sponsor	LAM RESEARCH CORPORATION	c EIN-PN 94-2634797-001
a	Plan name	LLNS DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	LAWRENCE LIVERMORE NATIONAL SECURITY, LLC	c EIN-PN 45-3246656-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	LDI MAP, LLC 401K PLAN	
b Name of plan sponsor	LDI MAP, LLC	c EIN-PN 37-1852548-001
a Plan name	BCHD 457B PLAN	
b Name of plan sponsor	LINCOLN FINANCIAL GROUP	c EIN-PN 95-1914553-002
a Plan name	VITAS HEALTHCARE CORPORATION 401K PLAN	
b Name of plan sponsor	LINCOLN FINANCIAL GROUP	c EIN-PN 59-2318657-001
a Plan name	MEIJER 401K RETIREMENT PLAN MASTER TRUST	
b Name of plan sponsor	MEIJER INC.	c EIN-PN 38-1274536-001
a Plan name	MEIJER 401K RETIREMENT PLAN MASTER TRUST	
b Name of plan sponsor	MEIJER INC.	c EIN-PN 38-1274536-001
a Plan name	MEKETA INVESTMENT GROUP, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	MEKETA INVESTMENT GROUP	c EIN-PN 04-2659023-001
a Plan name	MERCEDES-BENZ U.S. INTERNATIONAL, INC. RETIREMENT AND SAVINGS PLAN	
b Name of plan sponsor	MERCEDES-BENZ U.S. INTERNATIONAL, INC	c EIN-PN 36-3879353-001
a Plan name	MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED	
b Name of plan sponsor	MERRILL LYNCH, PIERCE, FENNER	c EIN-PN 13-5674085-001
a Plan name	THE MILLIKEN RETIREMENT PLAN	
b Name of plan sponsor	MILLIKEN & COMPANY	c EIN-PN 51-0105342-001
a Plan name	THE MILLIKEN RETIREMENT PLAN	
b Name of plan sponsor	MILLIKEN & COMPANY	c EIN-PN 51-0105342-001
a Plan name	THE STATE OF MONTANA PUBLIC EMPLOYEE DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION	c EIN-PN 81-6001666-001
a Plan name	THE STATE OF MONTANA PUBLIC EMPLOYEE DEFINED CONTRIBUTION PLAN	
b Name of plan sponsor	MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION	c EIN-PN 81-6001666-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SYNACK, INC. 401K PLAN	
b	Name of plan sponsor	MORGAN STANLEY OCIO	c EIN-PN 46-1916005-001
a	Plan name	NAPA - AMERICAN ANESTHESIOLOGY, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NAPA - AMERICAN ANESTHESIOLOGY, INC.	c EIN-PN 20-5055482-001
a	Plan name	NASDAQ, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	NASDAQ INC	c EIN-PN 52-1165937-001
a	Plan name	3M HEALTH CARE COMPANY 401K PLAN TRUST	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 36-5065984-001
a	Plan name	ACNA 401K PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 20-5024915-001
a	Plan name	GUIDEWIRE SOFTWARE RETIREMENT TRUST	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 36-4468504-001
a	Plan name	NEPC, LLC PROFIT-SHARING AND 401K PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 20-6770656-001
a	Plan name	NEWELL BRANDS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 36-1953130-001
a	Plan name	TEXAS ONCOLOGY, P.A. 401K PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 75-2131429-001
a	Plan name	THE US ONCOLOGY CLINICAL PRACTICE 401K PLAN INC	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 84-1213501-001
a	Plan name	THERMO FISHER 401K RETIREMENT PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 23-2942737-001
a	Plan name	THERMO FISHER SCIENTIFIC INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 04-2209186-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	US ONCOLOGY, INC. 401K PLAN	
b	Name of plan sponsor	NEPC DISCRETIONARY SERVICES	c EIN-PN 76-0473455-001
a	Plan name	NEWPORT GROUP, INC.	
b	Name of plan sponsor	NEWPORT GROUP	c EIN-PN 27-2037969-001
a	Plan name	NEWSDAY 401K SAVINGS PLAN	
b	Name of plan sponsor	NEWSDAY	c EIN-PN 26-2913233-001
a	Plan name	NXP 401K RETIREMENT PLAN	
b	Name of plan sponsor	NXP USA, INC.	c EIN-PN 30-0285191-001
a	Plan name	AMERICAN UNITED LIFE INSURANCE COMPANY	
b	Name of plan sponsor	ONEAMERICA - AMERICAN UNITED LIFE INSURANCE GROUP	c EIN-PN 35-0145825-001
a	Plan name	PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 20-0480084-001
a	Plan name	PEABODY SOUTHEAST MINING - UMWA 401K PLAN	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 61-1901165-001
a	Plan name	PEABODY WESTERN - UMWA 401K PLAN	
b	Name of plan sponsor	PEABODY ENERGY	c EIN-PN 86-0766626-001
a	Plan name	PENNANT 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENNANT	c EIN-PN 83-3612637-001
a	Plan name	PORTLAND GENERAL ELECTRIC COMPANY 401K PLAN	
b	Name of plan sponsor	PORTLAND GENERAL ELECTRIC	c EIN-PN 93-0256820-005
a	Plan name	PRINCIPAL LIFE INSURANCE COMPANY	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS	c EIN-PN 42-0127290-001
a	Plan name	PRINCIPAL LIFE INSURANCE COMPANY	
b	Name of plan sponsor	PRINCIPAL GLOBAL INVESTORS	c EIN-PN 42-0127290-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PUBLIX SUPER MARKETS, INC. 401K SMART PLAN	
b	Name of plan sponsor PUBLIX SUPER MARKETS, INC.	c EIN-PN 59-0324412-004
a	Plan name QURATE RETAIL GROUP 401K RETIREMENT SAVINGS PLAN FOR CORNERSTONE BRANDS	
b	Name of plan sponsor QURATE RETAIL INC.	c EIN-PN 04-3285704-001
a	Plan name QURATE RETAIL GROUP 401K RETIREMENT SAVINGS PLAN FOR QXH	
b	Name of plan sponsor QURATE RETAIL INC.	c EIN-PN 23-2414041-001
a	Plan name QURATE RETAIL GROUP 401K RETIREMENT SAVINGS PLAN FOR ZULILY	
b	Name of plan sponsor QURATE RETAIL INC.	c EIN-PN 47-4942380-001
a	Plan name RAYONIER ADVANCED MATERIALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor RAYONIER ADVANCED MATERIALS	c EIN-PN 46-4559529-001
a	Plan name ROPES & GRAY LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROPES & GRAY	c EIN-PN 04-2233412-001
a	Plan name RSA SECURITY 401K PLAN	
b	Name of plan sponsor RSA SECURITY LLC	c EIN-PN 27-1496036-001
a	Plan name SANTANDER 401K PLAN	
b	Name of plan sponsor SANTANDER BANK	c EIN-PN 23-2453088-001
a	Plan name SONOCO RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor SONOCO PRODUCTS COMPANY	c EIN-PN 57-0248420-026
a	Plan name SSM HEALTH DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor SSM HEALTH CARE	c EIN-PN 46-6029223-001
a	Plan name TENNECO 401K INVESTMENT PLAN	
b	Name of plan sponsor TENNECO INC	c EIN-PN 74-1933558-001
a	Plan name EMPLOYEES THRIFT PLAN OF INDIANAPOLIS POWER & LIGHT COMPANY	
b	Name of plan sponsor THE AES CORPORATION	c EIN-PN 35-0413620-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE AES CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE AES CORPORATION	c EIN-PN 54-1163725-001
a	Plan name THE DAYTON POWER AND LIGHT COMPANY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor THE AES CORPORATION	c EIN-PN 31-0258470-001
a	Plan name THE DAYTON POWER AND LIGHT COMPANY SAVINGS PLAN FOR COLLECTIVE BARGAINING EMPLOY	
b	Name of plan sponsor THE AES CORPORATION	c EIN-PN 31-0258470-001
a	Plan name THE LUBRIZOL CORPORATION EMPLOYEES' PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor THE LUBRIZOL CORPORATION	c EIN-PN 34-0367600-001
a	Plan name THE MOSAIC COMPANY MASTER TRUST	
b	Name of plan sponsor THE MOSAIC COMPANY	c EIN-PN 20-1026454-001
a	Plan name THE RETIREMENT PLAN COMPANY, LLC	
b	Name of plan sponsor THE RETIREMENT PLAN COMPANY, LLC	c EIN-PN 38-3712991-001
a	Plan name TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA	
b	Name of plan sponsor TIAA	c EIN-PN 13-1624203-001
a	Plan name TRANSAMERICA LIFE INSURANCE COMPANY	
b	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS	c EIN-PN 95-6140222-001
a	Plan name TRANSAMERICA RETIREMENT SOLUTIONS, LLC.	
b	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS, LLC	c EIN-PN 13-3689044-001
a	Plan name TRANSAMERICA RETIREMENT SOLUTIONS, LLC.	
b	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS, LLC	c EIN-PN 13-3689044-001
a	Plan name TRANSAMERICA RETIREMENT SOLUTIONS, LLC.	
b	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS, LLC	c EIN-PN 13-3689044-001
a	Plan name TRANSTAR, LLC SAVINGS PLAN	
b	Name of plan sponsor TRANSTAR, LLC	c EIN-PN 51-0313339-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TRIAD DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	TRIAD NATIONAL SECURITY, LLC	c EIN-PN 45-3246495-001
a	Plan name	RETIREMENT SAVINGS PLAN OF TYSON FOODS, INC.	
b	Name of plan sponsor	TYSON FOODS, INC	c EIN-PN 71-0225165-001
a	Plan name	FRUIT OF THE LOOM 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UNION UNDERWEAR COMPANY, INC	c EIN-PN 61-1411269-001
a	Plan name	UNITED STATES STEEL CORPORATION 401K PLANS MASTER TRUST	
b	Name of plan sponsor	UNITED STATES STEEL & CARNEGIE PENSION PLAN	c EIN-PN 25-1897152-003
a	Plan name	USAA PENSION TRUST	
b	Name of plan sponsor	USAA PENSION TRUST	c EIN-PN 74-0959140-001
a	Plan name	VEEVA SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	VEEVA SYSTEMS, INC.	c EIN-PN 20-8235463-001
a	Plan name	VONTIER RETIREMENT SAVINGS PLAN AND VONTIER UNION RETIREMENT SAVINGS PLAN MASTER	
b	Name of plan sponsor	VONTIER CORPORATION	c EIN-PN 85-2604205-001
a	Plan name	VOYA INSTITUTIONAL PLAN SERVICES, LLC	
b	Name of plan sponsor	VOYA FINANCIAL	c EIN-PN 46-5416028-001
a	Plan name	VOYA INSTITUTIONAL PLAN SERVICES, LLC	
b	Name of plan sponsor	VOYA FINANCIAL	c EIN-PN 46-5416028-001
a	Plan name	VOYA INSTITUTIONAL TRUST COMPANY	
b	Name of plan sponsor	VOYA FINANCIAL	c EIN-PN 46-5416028-001
a	Plan name	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	
b	Name of plan sponsor	VOYA FINANCIAL	c EIN-PN 46-5416028-001
a	Plan name	VULCAN MATERIALS COMPANY MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor	VULCAN MATERIALS COMPANY	c EIN-PN 86-2978721-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name VULCAN MATERIALS COMPANY MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor VULCAN MATERIALS COMPANY	c EIN-PN 86-2978721-001
a	Plan name W.R. BERKLEY CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor W.R. BERKLEY CORPORATION	c EIN-PN 22-1867895-001
a	Plan name WALGREENS RETIREMENT SAVINGS MASTER TRUST	
b	Name of plan sponsor WALGREENS BOOTS ALLIANCE, INC.	c EIN-PN 36-6046717-001
a	Plan name WALGREENS RETIREMENT SAVINGS MASTER TRUST	
b	Name of plan sponsor WALGREENS BOOTS ALLIANCE, INC.	c EIN-PN 36-6046717-001
a	Plan name WESTERN DIGITAL CORPORATION 401K PLAN	
b	Name of plan sponsor WESTERN DIGITAL CORP.	c EIN-PN 33-0956711-003
a	Plan name WORLDPAY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WORLDPAY, LLC	c EIN-PN 93-3474052-001
a	Plan name YUM! BRANDS 401K PLAN	
b	Name of plan sponsor YUM! BRANDS, INC.	c EIN-PN 13-3951308-003
a	Plan name SAGP 401K RETIREMENT PLAN	
b	Name of plan sponsor BETH ISRAEL LAHEY HEALTH, INC.	c EIN-PN 04-3485648-001
a	Plan name WINCHESTER PHYSICIAN ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BETH ISRAEL LAHEY HEALTH, INC.	c EIN-PN 04-3262963-001
a	Plan name MCLEOD HEALTH 401K PLAN	
b	Name of plan sponsor MCLEOD HEALTH	c EIN-PN 51-0473500-001
a	Plan name EMPOWER FINANCIAL SERVICES, INC.	
b	Name of plan sponsor EMPOWER FINANCIAL SERVICES, INC.	c EIN-PN 84-0467907-001
a	Plan name ASML US EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ASML US, LLC	c EIN-PN 77-0568140-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BASS PRO GROUP, LLC 401K PLAN	
b	Name of plan sponsor	BASS PRO GROUP, LLC	c EIN-PN 20-3796930-001
a	Plan name	CDK GLOBAL, INC. 401K PLAN	
b	Name of plan sponsor	CDK GLOBAL, INC.	c EIN-PN 45-2684799-001
a	Plan name	EFI 401K SAVINGS PLAN	
b	Name of plan sponsor	ELECTRONICS FOR IMAGING, INC.	c EIN-PN 94-3086355-001
a	Plan name	EAST TENNESSEE TECHNOLOGY PARK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	URS CH2M OAK RIDGE LLC UCOR	c EIN-PN 45-2178216-004
a	Plan name	HUSSMANN CORPORATION EMPLOYEE SAVING PLAN	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-001
a	Plan name	HUSSMANN CORPORATION EMPLOYEE SAVINGS PLAN FOR UNITED STEELWORKERS OF AMERICA, L	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-002
a	Plan name	ICON CLINICAL RESEARCH, LLC 401K PLAN	
b	Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	c EIN-PN 46-4107070-001
a	Plan name	INDEPENDENCE BLUE CROSS BLUE CHIP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INDEPENDENCE BLUE CROSS, LLC	c EIN-PN 46-3867722-001
a	Plan name	MACATAWA BANK 401K PLAN	
b	Name of plan sponsor	MACATAWA BANK	c EIN-PN 38-3378283-001
a	Plan name	MERCEDES-BENZ USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MERCEDES-BENZ USA, LLC	c EIN-PN 22-2375138-001
a	Plan name	SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHWANS SHARED SERVICES, LLC	c EIN-PN 81-0572771-001
a	Plan name	SIMON PROPERTY GROUP AND ADOPTING ENTITIES MATCHING SAVINGS PLAN	
b	Name of plan sponsor	SIMON PROPERTY GROUP	c EIN-PN 34-1755769-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SOUTHERN STATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHERN STATES COOPERATIVE, INC.	c EIN-PN 54-0387200-334
a	Plan name	TTI, INC. 401K PLAN	
b	Name of plan sponsor	TTI, INC.	c EIN-PN 20-8234316-001
a	Plan name	UNIVAR SOLUTIONS 401K PLAN	
b	Name of plan sponsor	UNIVAR SOLUTIONS USA INC.	c EIN-PN 91-1347935-001
a	Plan name	EVONIK CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	EVONIK CORPORATION	c EIN-PN 63-0673043-001
a	Plan name	NORTH AMERICAN PARTNERS IN ANESTHESIA, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	NAPA MANAGEMENT SERVICES CORPORATION	c EIN-PN 11-2923650-001
a	Plan name	NAPA MANAGEMENT SERVICES CORP. ADMINISTRATIVE EMPLOYEES PROFIT SHARING PLAN & TR	
b	Name of plan sponsor	NAPA MANAGEMENT SERVICES CORPORATION	c EIN-PN 11-3635685-001
a	Plan name	NAPA MANAGEMENT SERVICES CORP. CLINICAL EMPLOYEES PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NAPA MANAGEMENT SERVICES CORPORATION	c EIN-PN 11-3635685-001
a	Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RECREATIONAL EQUIPMENT, INC. REI	c EIN-PN 91-0656890-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET S&P 500(R) INDEX SECURITIES LENDING SERIES FUND CLASS II	B Three-digit plan number (PN) ▶ 078
C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET GLOBAL ADVISORS TRUST COMPANY	D Employer Identification Number (EIN) 04-0025081

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2986544	213597
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	262821662	816011117
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36112694	219174171
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	33480688592	45618986864
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	33782609492	46654385749
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	211030512	732463239
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	211030512	732463239
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33571578980	45921922510

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9051208	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	156581	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9207789
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	582884566	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2771506682	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1588573212	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7277321483	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9052347308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1062011	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12420	
(5) Investment advisory and investment management fees	2i(5)	2911334	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	195085	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4180850
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4180850

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9048166458
l Transfers of assets:			
(1) To this plan	2l(1)		13944962957
(2) From this plan	2l(2)		10642785885

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.